

Please type a plus sign (+) inside this box

+

05-15-01

WENMM/SB/05 (4-01)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

No fee for information unless it displays a valid OMB control number.

Under the Paper Reduction act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY  
PATENT APPLICATION  
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR § 1.53(b))

Attorney Docket No.	8236-3
First Inventor	ZEIK, Gary
Title	Shielded Structure for Radiation Treatment Equipment and Method of Assembly
Express Mail Label No.	EM544389305US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1. ☒ \*Fee Transmittal Form (e.g., PTO/SB/17)  
(submit an original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.
3. ☒ Specification [Total Pages **43**]  
(preferred arrangement set forth below)  
- Descriptive title of the Invention  
- Cross References to Related Applications  
- Statement Regarding Fed sponsored R & D  
- Reference sequence listing, a table, or a computer program listing appendix or computer program listing appendix  
- Background of the Invention  
- Brief Summary of the Invention  
- Brief Description of the Drawings (if filed)  
- Detailed Description  
- Claim(s)  
- Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets **12**]
5. ☒ Oath or Declaration [Total Pages **8**]  
a. ☒ Newly executed (original or copy)  
b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 17 completed)  
i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. ☐ Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  
a. ☐ Computer Readable Form (CRF)  
b. Specification Sequence Listing on:  
☐ CD-ROM or CD-R (2 copies); or  
☐ paper  
c. ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i).  
Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other: \_\_\_\_\_

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_\_  
Prior application information: Examiner: \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

Name	James M. Durlacher Woodard, Emhardt, Naughton, Moriarty and McNett				
Address	Bank One Center/Tower 111 Monument Circle, Suite 3700				
City	Indianapolis	State	IN	Zip Code	46204-5137
Country	USA	Telephone	(317) 634-3456	Fax	(317) 637-7561
Name (Print/Type)	James M. Durlacher	Registration No. (Attorney/Agent)	28,840		
Signature	James M. Durlacher			Date	May 14, 2001

Express Mail Label Number EM544389305US

Date of Deposit May 14, 2001

I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR Section 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington DC 20231.

Signature of person mailing paper or fee

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

# FEE TRANSMITTAL FOR FY 2001

Patent fees are subject to annual revision.

## Complete if Known

Application Number	
Filing Date	
First Named Inventor	ZEIK, Gary
Group Art Unit	
Examiner Name	
Total Amount of Payment	(\$ 682.00)
Attorney Docket Number	8236-3

### METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number: 23-3030

Deposit Account Name: Woodard, Emhardt, Naughton, Moriarty & McNett

☒ Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17

☒ Applicant claims small entity status. See 37 CFR 1.27.

2. ☒ Payment Enclosed:

☒ Check ☐ Credit Card ☐ Money Order ☐ Other

### FEE CALCULATION (continued)

3. ADDITIONAL FEES						
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	
105	130	205	65	Surcharge - late filing fee or oath		
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.		
139	130	139	130	Non-English specification		
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination		
112	920*	112	920*	Requesting publication of SIR prior to Examiner		
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action		
115	110	215	55	Extension for reply within first month		
116	390	216	195	Extension for reply within second month		
117	890	217	445	Extension for reply within third month		
118	1,390	218	695	Extension for reply within fourth month		
128	1,890	228	945	Extension for reply within fifth month		
119	310	219	155	Notice of Appeal		
120	310	220	155	Filing a brief in support of an appeal		
121	270	221	135	Request for oral hearing		
138	1,510	138	1,510	Petition to institute a public use proceeding		
140	110	240	55	Petition to revive - unavoidable		
141	1,240	241	620	Petition to revive - unintentional		
142	1,240	242	620	Utility issue fee (or reissue)		
143	440	243	220	Design issue fee		
144	600	244	300	Plant issue fee		
122	130	122	130	Petitions to the Commissioner		
123	50	123	50	Petitions related to provisional applications		
126	180	126	180	Submission of Information Disclosure Stmt		
581	40	581	40	Recording each patent assignment per property (times number of properties)		
146	710	246	355	Filing a submission after final rejection (37 CFR 1.129(a))		
149	710	249	355	For each additional invention to be examined (37 CFR 1.129(b))		
179	710	279	355	Request for Continued Examination (RCE)		
169	900	169	900	Request for expedited examination of a design application		
Other Fee (specify) _____						
* Reduced by Basic Filing Fee Paid					SUBTOTAL (3)	(\$)

### FEE CALCULATION

#### 1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility Filing Fee	355.00
106	320	206	160	Design Filing Fee	
107	490	207	245	Plant Filing Fee	
108	710	208	355	Reissue Filing Fee	
114	150	214	75	Provisional Filing Fee	
SUBTOTAL (1)					(\$ 355.00)

#### 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee From Below	Fee Paid
43	-20** = 23	X 9 =	207.00
Independent Claims	6	-3** = 3	X 40 = 120.00
Multiple Dependent			

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 327.00)

\*\*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	James. M. Durlacher	Registration No. (Attorney/Agent)	28,840
Signature	<i>James M. Durlacher</i>	Telephone	(317) 634-3456
		Date	May 14, 2001

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.